



This form is used to capture critical information about each placement. It is the responsibility of the Organization to review and complete this form prior to the start of an internship. Once it is complete, the Organization and recovering Service member each digitally sign the form to confirm the accuracy of the information and acknowledge their agreement with the outlined terms and conditions. The signed form should then be e-mailed as an attachment to the OWF Coordinator.

### Part A – Service Member Information

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Name (e.g., John Smith): \_\_\_\_\_

Rank: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Email: \_\_\_\_\_

Unit Point of Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Part B – Organization Information

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Supervisor Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Agency: \_\_\_\_\_ Sub-component: \_\_\_\_\_

Work Address: \_\_\_\_\_

### Part C – Responsibilities

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The Intern's responsibilities under this Agreement are:

- To perform the duties listed in Part D; and
- To observe all workplace rules, including those relating to conduct, safety, honesty, integrity, and confidentiality of records.

The Organization's responsibilities under this Agreement are:

- To provide a suitable work space and/or equipment for the Intern to perform the services under this Agreement;
- To provide relevant duties and sufficient guidance to afford the Intern the opportunity to successfully perform those duties.
- In conjunction with the recovering Service member, to create and agree to an Intern Development Plan, and meet to review progress after the initial 120 days;
- Provide a Record of Achievement at the end of the internship noting accomplished tasks, goals, trainings, certifications, skills, etc.



**Part D – Duties & Work Schedule** *(please list)*

The Intern shall perform the above duties according to the following proposed schedule. The Organization understands that this schedule is flexible according to the treatment and rehabilitation schedule of the Intern. *Under no circumstance will any OWF assignment interfere with a recovering Service member's medical treatment or adversely affect the well-being of an OWF participant.*

Projected Work Schedule (days and hours per week):

Monday		Tuesday		Wednesday		Thursday		Friday	
From:	To:	From:	To:	From:	To:	From:	To:	From:	To:

Intern Start Date: \_\_\_\_\_

Projected End Date: \_\_\_\_\_

Duty Description: \_\_\_\_\_

**Part E – Terms and Conditions**

The recovering Service member (intern) and the Organization understand that:

- The Intern shall receive no remuneration (pay and/or benefits) of any kind whatsoever from the Organization, shall not work nights, holidays or overtime hours, nor earn leave from the Organization while rendering gratuitous services under this Agreement.
- This internship is for training and vocational purposes to assist in the transition and rehabilitation process.
- This Agreement does not guarantee the appointment of the intern to any position with the Organization.
- The Intern shall undergo an appropriate background investigation if necessary prior to placement.
- The intern shall observe all Organization rules governing conduct, safety, honesty, integrity, and the confidentiality of records during the performance of services under this Agreement.
- The Organization may terminate the internship at any time.

**Part F – Warranty of Signature**

The signatories below warrant and represent that they have competent authority to enter into the obligations set forth in this Agreement.

Recovering Service Member (Intern):

\_\_\_\_\_

Date: \_\_\_\_\_

Organization OWF Administrator/Supervisor:

\_\_\_\_\_

Date: \_\_\_\_\_

Operation Warfighter Program Manager or Regional Coordinator:

\_\_\_\_\_

Date: \_\_\_\_\_